

BROKER'S CLOSING OFFICE AFFIDAVIT

Date _____

I, _____, License No. 270- _____

hereby certify that I have released **all** licenses of all associate brokers, salespersons, and branch managers who are currently licensed to work for me as designated or individual broker of

FIRM NAME

Itemized below is a true status of all funds (*includes property management, sales, contract collection, etc.*) being held in my **Real Estate Trust Account(s)**, for which I acknowledge responsibility, pending disbursement of such funds: _____

A. List of trust liability & name of client, amount due to him/her:

B. Name of banks holding your trust funds and the account numbers:

C. Location at which records will be kept:

Attach additional sheets if necessary for items A, B, or C.

X

SIGNATURE OF BROKER

Please return this document with all real estate licenses effected to:

Department of Licensing
Real Estate Licensing
PO Box 9021
Olympia, WA 98507-9021
Olympia office telephone: (360) 664-6500 and FAX (360) 586-0998